

## Provider Type 59 Assisted Living Waiver Reimbursement Schedule

Updated: May 1, 2015

The data contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information provided herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.

**Note:**

Procedure codes with a rate of \$0.00 are reimbursed at 62% of Usual and Customary charges unless noted otherwise in Nevada Medicaid policy.

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[Modifier List](#)

Specialty	Proc	Mod	Desc	Rate
036	T1016		CASE MANAGEMENT	25.75
048	T2031	U1	ASSIST LIVING WAIVER/DIEM	20.00
048	T2031	U2	ASSIST LIVING WAIVER/DIEM	45.00
048	T2031	U3	ASSIST LIVING WAIVER/DIEM	60.00
303	T1016		CASE MANAGEMENT	15.84